

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

ADDRESS (number and street)

7000 CARDINAL PLACE

☐Check if different  
than previously  
reported. (ACC)

DUBLIN

OH

43017

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00332833

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

☐☐☐in the  
State of☐(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the  
State of☐

5. Covering Period

05

01

2008

through

05

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JAMES W. HOEBERLING

Signature of Treasurer

Electronically Filed by JAMES W. HOEBERLING

Date

06

11

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		226435.59
(b) Cash on Hand at Beginning of Reporting Period .....	228909.33	
(c) Total Receipts (from Line 19) .....	14911.48	83785.22
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	243820.81	310220.81
7. Total Disbursements (from Line 31) .....	12000.00	78400.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	231820.81	231820.81
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	12435.54	56258.13
(i) Itemized (use Schedule A) .....	2093.27	24618.55
(ii) Unitemized .....	14528.81	80876.68
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	14528.81	80876.68
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	382.67	2908.54
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	14911.48	83785.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14911.48	83785.22

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	48500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	3500.00	29900.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12000.00	78400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12000.00	78400.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	14528.81	80876.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14528.81	80876.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Steven Adams

Mailing Address 2811 Autumn Lake Dr

City

State

Zip Code

Katy

TX

77450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

President, Pharmacy Management

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

317.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

Transaction ID: 051920080C87495

Amount of Each Receipt this Period

57.70

Receipt

Payroll Deduction: (28.85-  
/Pay Period )**B.**

Full Name (Last, First, Middle Initial)

David Anderson

Mailing Address 15917 Willis Way

City

State

Zip Code

Woodbine

MD

21797

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

President/gm Hospital Supply

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

634.59

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

Transaction ID: 051920080C87562

Amount of Each Receipt this Period

115.38

Receipt

Payroll Deduction: (57.69-  
/Pay Period )**C.**

Full Name (Last, First, Middle Initial)

Cassandra Baker

Mailing Address 1672 Barrington Rd

City

State

Zip Code

Upper Arlington

OH

43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Govt Relations Mgmt

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

585.97

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

Transaction ID: 051920080C87560

Amount of Each Receipt this Period

106.54

Receipt

Payroll Deduction: (53.27-  
/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

279.62

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

James Barker

Mailing Address 2761 Skelton Ln

City

Blacklick

State

OH

Zip Code

43004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Sourcing Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87492

Amount of Each Receipt this Period

52.00

Receipt

Payroll Deduction: (26.00-  
/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Gregory Baumli

Mailing Address 14566 Somerset Cir

City

Green Oaks

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.74

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87493

Amount of Each Receipt this Period

52.68

Receipt

Payroll Deduction: (26.34-  
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Johnni Beckel

Mailing Address 3680 Nicoya  
Court

City

Lewis Center

State

OH

Zip Code

43035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, Hr Business Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87402

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

304.68

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Laurel Beeler

Mailing Address 1723 Eagle Trl

City

Oxford

State

MI

Zip Code

48371

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Mgr, Sales Training/process

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87487

Amount of Each Receipt this Period

50.00

Receipt

Payroll Deduction: (25.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Shelley Bird

Mailing Address 7998 Caraway Ave

City

Dublin

State

OH

Zip Code

43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, Communications

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87400

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Timothy Boes

Mailing Address 103 La Trobe Ct

City

Southlake

State

TX

Zip Code

76092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Direct Sales Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

986.92

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87575

Amount of Each Receipt this Period

179.44

Receipt

Payroll Deduction: (89.72-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

429.44

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Scott Bostick

Mailing Address 1546 Vivaldi Drive

City

Cardiff

State

CA

Zip Code

92007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Gm-supply Chain Solution

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87524

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (40.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Mark Branday

Mailing Address 55 Island Blvd

City

Fox Island

State

WA

Zip Code

98333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Account

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.56

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87506

Amount of Each Receipt this Period

65.92

Receipt

Payroll Deduction: (32.96-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Charles Burwell

Mailing Address 4627 Torrey Circle  
Apt. P-203

City

San Diego

State

CA

Zip Code

92130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Clinical Information Svc

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87555

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

245.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Stacy Butterfield

Mailing Address 5151 Woodbridge Dr

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Gbl Financial & Bus

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87551

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Gary Cacciatore

Mailing Address 3810 Loch Glen Court

City

Houston

State

TX

Zip Code

77059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Reg Aff-reg Devel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87508

Amount of Each Receipt this Period

66.00

Receipt

Payroll Deduction: (33.00-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Thomas Calhoun

Mailing Address 5n496 W Lakeview Cir

City

St Charles

State

IL

Zip Code

60175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Warehouse Distribution

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.23

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87496

Amount of Each Receipt this Period

57.86

Receipt

Payroll Deduction: (28.93-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

223.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Anthony Caprio

Mailing Address 6 Cottage Lane

City

Marlboro

State

NJ

Zip Code

07746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Ips Sales Ne

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87401

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period)

**B.**

Full Name (Last, First, Middle Initial)

Debra Caravelli

Mailing Address 4862 Vista Ridge Dr

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Hr Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.93

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87479

Amount of Each Receipt this Period

43.26

Receipt

Payroll Deduction: (21.63-  
/Pay Period)

**C.**

Full Name (Last, First, Middle Initial)

Kerry Clark

Mailing Address 300 W. Spring St.  
#1502

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Chairman & Ceo, Cah

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87448

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

627.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Jack Coffey

Mailing Address 8191 Winchcombe Dr

City

Dublin

State

OH

Zip Code

43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Qra Nps

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87406

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period )

B.

Full Name (Last, First, Middle Initial)

Mary Cooney

Mailing Address 2211 Briarglen  
#507

City

Houston

State

TX

Zip Code

77027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Hr Business Partner Cts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87412

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period )

C.

Full Name (Last, First, Middle Initial)

Bonita Court

Mailing Address 5392 S Cambridge Ln

City

Greenfield

State

WI

Zip Code

53221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Mgr, Sales Training/process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.42

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87484

Amount of Each Receipt this Period

46.44

Receipt

Payroll Deduction: (23.22-  
/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

446.44

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Leland Cox

Mailing Address 43 N Ohio Ave

City

Columbus

State

OH

Zip Code

43203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, National Chain Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

Transaction ID: 051920080C87410

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period)**B.**

Full Name (Last, First, Middle Initial)

John Cullivan

Mailing Address 1 Miranova Place  
#910

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1403.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

Transaction ID: 051920080C87563

Amount of Each Receipt this Period

115.40

Receipt

Payroll Deduction: (57.70-  
/Pay Period)**C.**

Full Name (Last, First, Middle Initial)

Jody Davids

Mailing Address 7638 Red Bay Court

City

Dublin

State

OH

Zip Code

43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, Gss And Cio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

Transaction ID: 051920080C87559

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

415.40

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

James Derleth

Mailing Address 1510 Woodvale Ave

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Health Systems &amp; Mrkt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

Transaction ID: 051920080C87553

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period)**B.**

Full Name (Last, First, Middle Initial)

Ted Dibiase

Mailing Address 4954 Rosegate Ct  
Island Drive

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Hr Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

Transaction ID: 051920080C87569

Amount of Each Receipt this Period

122.40

Receipt

Payroll Deduction: (61.20-  
/Pay Period)**C.**

Full Name (Last, First, Middle Initial)

Kurt Dieck

Mailing Address 7037 Lake Trail Dr

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Strategy &amp; Bus Dev -

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

Transaction ID: 051920080C87405

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

422.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Gary Dolch

Mailing Address 8382 Deep Run

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87443

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period)

**B.**

Full Name (Last, First, Middle Initial)

Michael Duffy

Mailing Address 6825 Macneil Drive

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87470

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period)

**C.**

Full Name (Last, First, Middle Initial)

Gary Ellis

Mailing Address 6146 Balmoral Drive

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Branded Purchasing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87408

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

624.60

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Stephen Falk

Mailing Address 2480 Sandover Rd

City

Columbus

State

OH

Zip Code

43220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, General Counsel Hscs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

Transaction ID: 051920080C87404

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period)**B.**

Full Name (Last, First, Middle Initial)

Stephen Flannery

Mailing Address 275 East Center St

City

Shavertown

State

PA

Zip Code

18708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

Transaction ID: 051920080C87441

Amount of Each Receipt this Period

36.72

Receipt

Payroll Deduction: (18.36-  
/Pay Period)**C.**

Full Name (Last, First, Middle Initial)

Ivan Fong

Mailing Address 21 S. Parkview Ave.

City

Columbus

State

OH

Zip Code

43209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Chief Legal Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

Transaction ID: 051920080C87444

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

621.32

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth Ford

Mailing Address 2262 Yorkshire Road

City

Upper Arlington

State

OH

Zip Code

43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Legal Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87552

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Edmund Fry

Mailing Address 1 Miranova Pl.  
Apt. 2040

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Quality Assurance/reg Com

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87411

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Joshua Gaines

Mailing Address 5721 Clover Lane  
Drive

City

Westerville

State

OH

Zip Code

43081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87486

Amount of Each Receipt this Period

50.00

Receipt

Payroll Deduction: (25.00-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert Giacalone

Mailing Address 7471 Balfoure Circle

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Reg Affairs/chf Reg Cnsl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.01

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87528

Amount of Each Receipt this Period

91.82

Receipt

Payroll Deduction: (45.91-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Robert Glover

Mailing Address 5633 N Kostner Ave

City

Chicago

State

IL

Zip Code

60646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Account

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.06

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87498

Amount of Each Receipt this Period

58.92

Receipt

Payroll Deduction: (29.46-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

David Goldsberry

Mailing Address 321 St Andrews Ln

City

Gurnee

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.37

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87478

Amount of Each Receipt this Period

41.34

Receipt

Payroll Deduction: (20.67-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

192.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

David Gonzales

Mailing Address 384 Colorado Drive

City

Cedar Creek

State

TX

Zip Code

78612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Dir, State Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87557

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Scott Gregg

Mailing Address 10682 Scarborough  
Way

City

Powell

State

OH

Zip Code

43065-8769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87489

Amount of Each Receipt this Period

50.00

Receipt

Payroll Deduction: (25.00-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

John Grisdale

Mailing Address 7135 Fodor

City

New Albany

State

OH

Zip Code

43054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Gm Integrated Supply Sols

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87473

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Groesbeck

Mailing Address 33916 Summerfield

City

Gurnee

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Qra Mpm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.07

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87477

Amount of Each Receipt this Period

41.10

Receipt

Payroll Deduction: (20.55-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Gregory Halvacs

Mailing Address 4964 Olentangy River  
River Rd

City

Delaware

State

OH

Zip Code

43015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Corporate Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87549

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Troy Hanson

Mailing Address 5622 Dorsey Drive

City

Columbus

State

OH

Zip Code

43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Dir, It Business Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.44

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87855

Amount of Each Receipt this Period

48.08

Receipt

Payroll Deduction: (24.04-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

189.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Linda Harty

Mailing Address 1761 Roxbury Rd

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, Finance Hscs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87415

Amount of Each Receipt this Period

223.80

Receipt

Payroll Deduction: (111.9-  
0/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Richard Heard

Mailing Address 8106 Bulrush Canyon  
Trail

City

Katy

State

TX

Zip Code

77494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87490

Amount of Each Receipt this Period

50.00

Receipt

Payroll Deduction: (25.00-  
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Jeffrey Henderson

Mailing Address 347 Morgan Ln

City

Gahanna

State

OH

Zip Code

43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87467

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

313.80

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

James Hethcox

Mailing Address 5442 Haverhill Drive

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Exec, Account

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.85

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87509

Amount of Each Receipt this Period

66.70

Receipt

Payroll Deduction: (33.35-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

James Hinrichs

Mailing Address 7037 Bordeaux Ct

City

Dublin

State

OH

Zip Code

43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Finance Cts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87468

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Wendy Hufford

Mailing Address 5303 Rosalind Blvd.

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87523

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (40.00-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

186.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Stephen Inacker

Mailing Address 1490 S Ridge Road

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

President, Gm Presource Prdcts

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.65

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87505

Amount of Each Receipt this Period

62.30

Receipt

Payroll Deduction: (31.15-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Stephen Johnson

Mailing Address 221 W Lancaster Ave  
# 2012

City

Fort Worth

State

TX

Zip Code

76102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Operations Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87504

Amount of Each Receipt this Period

61.40

Receipt

Payroll Deduction: (30.70-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Remi Kajogbola

Mailing Address 15751 Sheridan St  
#149

City

Fort Lauderdale

State

FL

Zip Code

33331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Direct Sales Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.51

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87568

Amount of Each Receipt this Period

121.16

Receipt

Payroll Deduction: (60.58-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

244.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Kaufmann

Mailing Address 7160 Temperance  
Point St

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardinal Health, Inc

Occupation  
Group President, Hscs - P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87445

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period)

**B.**

Full Name (Last, First, Middle Initial)

Michael Kennedy

Mailing Address 4783 Vista Ridge Dr

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardinal Health, Inc

Occupation  
Svp, Ips Sales Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.64

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87503

Amount of Each Receipt this Period

60.48

Receipt

Payroll Deduction: (30.24-  
/Pay Period)

**C.**

Full Name (Last, First, Middle Initial)

Margaret Lavallo

Mailing Address 9410 Culross Ct

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardinal Health, Inc

Occupation  
Svp, Gss Business Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87548

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

545.08

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Steve Lawrence

Mailing Address 4868 Carrigan Ridge

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Mrktng, Retail/alt Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87407

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period)

**B.**

Full Name (Last, First, Middle Initial)

James Leitt

Mailing Address 95 Arboretum Dr

City

North Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Gm, V Mueller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.39

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87480

Amount of Each Receipt this Period

44.98

Receipt

Payroll Deduction: (22.49-  
/Pay Period)

**C.**

Full Name (Last, First, Middle Initial)

Michael Lynch

Mailing Address 550 E Rosemary

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Group President, Mpm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87446

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

629.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Donna Mann

Mailing Address 6666 Mcvey Blvd

City

West Worthington

State

OH

Zip Code

43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Dir, Hr Service Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.13

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87481

Amount of Each Receipt this Period

45.66

Receipt

Payroll Deduction: (22.83-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Janice Mccampbell

Mailing Address 7000 Cardinal PI

City

Dublin

State

OH

Zip Code

43017-1091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Engineering Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.94

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87511

Amount of Each Receipt this Period

71.08

Receipt

Payroll Deduction: (35.54-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Lindy Mclean

Mailing Address 7272 Black Abbey Ct

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Sr Cnslt, Account

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.77

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87507

Amount of Each Receipt this Period

66.14

Receipt

Payroll Deduction: (33.07-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

182.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Steven Merkin

Mailing Address 1481 Country Ln

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Hr Business Partner Mpm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87525

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (40.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Marc Mullen

Mailing Address 1650 Sherborne Lane

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Sales & Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87558

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Frederick Nelson

Mailing Address 7303 Deacon Court

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Sales Operations Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.81

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87512

Amount of Each Receipt this Period

79.62

Receipt

Payroll Deduction: (39.81-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

259.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

James Nuckols

Mailing Address 1740 Dylan Way

City

Encinitas

State

CA

Zip Code

92024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Mrktng, Medication Technl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87413

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period)

**B.**

Full Name (Last, First, Middle Initial)

Angela Perkins

Mailing Address 615 N Beverly Lane

City

Arlington Heights

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Finance Mpm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87554

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period)

**C.**

Full Name (Last, First, Middle Initial)

Thomas Perrine

Mailing Address 7249 Landon Lane

City

New Albany

State

OH

Zip Code

43054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, It Business Partners

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87550

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Vicki Perryman

Mailing Address 2000 Loch Lomond Dr

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87472

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

George Plava

Mailing Address 3526 Pembroke Dr

City

Richmond

State

TX

Zip Code

77469

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Sourcing Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.47

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87570

Amount of Each Receipt this Period

135.54

Receipt

Payroll Deduction: (67.77-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Kathy Popejoy

Mailing Address 11127 W 59th Ave

City

Arvada

State

CO

Zip Code

80004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Dir, Operations Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.14

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87483

Amount of Each Receipt this Period

45.82

Receipt

Payroll Deduction: (22.91-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

221.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

William Rampy

Mailing Address 103 Foxglove Ln

City

Bentonville

State

AR

Zip Code

72712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Franchise Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.89

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87561

Amount of Each Receipt this Period

107.98

Receipt

Payroll Deduction: (53.99-  
/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Robert Randklev

Mailing Address 2711 Pebble Stone

City

Grapevine

State

TX

Zip Code

76051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Whse/dist South Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87475

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Stephen Reardon

Mailing Address 9098 Mediterra Place

City

Dublin

State

OH

Zip Code

43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Qra Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87466

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

187.98

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Cynthia Rhomberg

Mailing Address 9379 Redan Court

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Marketing Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87471

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Mark Rosenbaum

Mailing Address 6565 Lockhart Lane

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

President, Ips Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87450

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Claudia Russell

Mailing Address 5064 Seagrove Cove

City

San Diego

State

CA

Zip Code

92130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Strat Intel/analytics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.89

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87527

Amount of Each Receipt this Period

87.98

Receipt

Payroll Deduction: (43.99-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

512.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

David Schlotterbeck

Mailing Address 12 Hermitage Lane

City

Laguna Niguel

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Ceo, Cmp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87447

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

James Scott

Mailing Address 5893 Hunter Pl.  
Apartment D

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Svp, Alternate Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87403

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Michael Scrase

Mailing Address 8358 Davington

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Vp, End User Clnt Sppt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87494

Amount of Each Receipt this Period

28.48

Receipt

Payroll Deduction: (28.48-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

613.08

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Scrase

Mailing Address 8358 Davington

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, End User Clnt Sppt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: 80606.C87718

Amount of Each Receipt this Period

30.19

Receipt

Payroll Deduction: (30.19-  
/Pay Period )**B.**

Full Name (Last, First, Middle Initial)

Frank Segrave

Mailing Address 5371 Gordon Way

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

President, Generics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	9	/	2	0	0	8

Transaction ID: 051920080C87452

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period )**C.**

Full Name (Last, First, Middle Initial)

Kendell Sherrer

Mailing Address 7720 Heatherwood Ln

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Hr Business Partners

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.21

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	9	/	2	0	0	8

Transaction ID: 051920080C87476

Amount of Each Receipt this Period

40.22

Receipt

Payroll Deduction: (20.11-  
/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

455.01

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Jesse Sims

Mailing Address 11014 Black Falls Ct

City

Sugar Land

State

TX

Zip Code

77478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Mgr, App Design & Devel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87556

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Joan Stafslie

Mailing Address 3140 Dusty Trail

City

Olivenhain

State

CA

Zip Code

92024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, General Counsel Cts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87488

Amount of Each Receipt this Period

50.00

Receipt

Payroll Deduction: (25.00-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Mark Stauffer

Mailing Address 10644 Dundee Ct

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

659.89

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87564

Amount of Each Receipt this Period

119.98

Receipt

Payroll Deduction: (59.99-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

269.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert Summers

Mailing Address 146 Chasely Circle

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Marketing Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.63

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87497

Amount of Each Receipt this Period

58.66

Receipt

Payroll Deduction: (29.33-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Mary Jane Tew

Mailing Address 6315 Duffy Rd

City

Delaware

State

OH

Zip Code

43015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Contracts And Pricing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87491

Amount of Each Receipt this Period

50.00

Receipt

Payroll Deduction: (25.00-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Richard Walsh

Mailing Address 8722 Sweetwater Ct

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Aviation Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87526

Amount of Each Receipt this Period

42.95

Receipt

Payroll Deduction: (42.95-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

151.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert Walter

Mailing Address 2423 North Ocean  
Blvd

City State Zip Code  
Gulf Stream FL 33482

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardinal Health, Inc

Occupation  
Executive Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.22

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87442

Amount of Each Receipt this Period

384.04

Receipt

Payroll Deduction: (192.0-  
2/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Carole Watkins

Mailing Address 1967 Woodlands Place

City State Zip Code  
Powell OH 43065

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardinal Health, Inc

Occupation  
Chief Human Resource Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87449

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Rodney Whitmore

Mailing Address 7159 Drucilla St  
Nw

City State Zip Code  
Pickerington OH 43147

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardinal Health, Inc

Occupation  
Svp, Hr Bus Partner Hscs Pharm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87409

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

968.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Dwight Winstead

Mailing Address 2540 Presidio Dr

City

San Diego

State

CA

Zip Code

92103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Group President, Cts

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87451

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Deborah Wolin

Mailing Address 44 Lake Mist Drive

City

Sugar Land

State

TX

Zip Code

77479

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Asc Gen Csl, Comm/trans

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87469

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Anthony Woo

Mailing Address 6151 Haddo Way

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Corp Devel, Fin Anl/val

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87474

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

464.60

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Connie Woodburn

Mailing Address 9761 Erin Woods Dr

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Prof & Govt Relations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1459.59

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

Transaction ID: 051920080C87423

Amount of Each Receipt this Period

265.38

Receipt

Payroll Deduction: (132.6-  
9/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

265.38

**TOTAL** This Period (last page this line number only) .....

12435.54

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 42

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Comerica Bank

Mailing Address P.O. Box 75000  
MC 2250

City	State	Zip Code
Detroit	MI	48275-2250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Bank

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2908.54

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	8

Transaction ID: 051920080C87360

Amount of Each Receipt this Period

382.67

Interest Received

SUBTOTAL of Receipts This Page (optional) .....

382.67

TOTAL This Period (last page this line number only) .....

382.67

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Brian Bilbray for Congress

Mailing Address 18144 Via De Fortuna

City Rancho Santa Fe State CA Zip Code 92067-

Purpose of Disbursement  
DIRECT CONTRIBUTIONCandidate Name  
BRIAN P BILBRAYCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 50

Transaction ID: 80606.E1075

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	0	8

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

Friends of Sam Johnson

Mailing Address 2501 Wisconsin Avenue  
Suite 304

City Washington State DC Zip Code 20007-

Purpose of Disbursement  
DIRECT CONTRIBUTIONCandidate Name  
SAMUEL R JOHNSONCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 03

Transaction ID: 80606.E1074

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	0	8

Amount of Each Disbursement this Period

2000.00

DIRECT CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

Kilroy for Congress

Mailing Address PO Box 2582

City Columbus State OH Zip Code 43216-2582

Purpose of Disbursement  
DIRECT CONTRIBUTIONCandidate Name  
MARY JO KILROYCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 80606.E1077

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	8

Amount of Each Disbursement this Period

2500.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) .....

5500.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Matheson for Congress

Mailing Address PO Box 636

City  
AnnandaleState  
VAZip Code  
22003-0636Purpose of Disbursement  
DIRECT CONTRIBUTIONCandidate Name  
JAMES MATHESONCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 02

Transaction ID: 80606.E1071

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	0	/	2	0	0	8

Amount of Each Disbursement this Period

2000.00

DIRECT CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

Friends of Gordon Smith

Mailing Address 4949 Meadows Rd Ste 625

City  
Lake OswegoState  
ORZip Code  
97035-4285Purpose of Disbursement  
DIRECT CONTRIBUTIONCandidate Name  
GORDON HAROLD SMITHCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: 051920080E1070

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	5	/	2	0	0	8

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

8500.00

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Citizens for Kevin Bacon

Mailing Address 5325 Ponderosa Dr

City  
Columbus

State  
OH

Zip Code  
43231-4033

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80606.E1072

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Paula Brooks Committee

Mailing Address 550 E Walnut St

City  
Columbus

State  
OH

Zip Code  
43215-5323

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80606.E1076

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Committee to Elect Lynn Wachtmann

Mailing Address 550 Euclid Avenue

City  
Napoleon

State  
OH

Zip Code  
43545-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80606.E1073

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

3500.00